

United States Bankruptcy Court Central District of ID		Court Code IDBO	
In re (Name of Debtor) SHARON LEWANDOWSKI MARTIN WAYNE LEWANDOWSKI	Social Security No 519-02-2489 519-76-6217	Case Number 0001480JDP	Chapter 13

U.S. COURTS
2000 JUL 13 PM 2 03

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor Citibank (South Dakota), N.A.	<input type="checkbox"/> Check box if you are aware anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Name and Address Where Notices Should be Sent Citibank/CHOICE Exception Payment Processing P.O. Box 6305 The Lakes, NV 88901-6305 Telephone No: 800 846 8444 x5-6475	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR
COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 4128003208803687	Check here if this claim: <input type="checkbox"/> amends a previously filed claim, dated: _____ <input type="checkbox"/> replaces
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1. BASIS FOR CLAIM	
<input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other (Describe briefly) CREDIT CARD DEBT	<input type="checkbox"/> Retiree benefits in 11 U.S.C. 1114(a) <input type="checkbox"/> Wages, salaries and compensations (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ (date) (date)

2. DATE DEBT WAS INCURRED: 06/13/2000	3. IF COURT JUDGEMENT, DATE OBTAINED:
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4. CLASSIFICATION OF CLAIM: Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for a part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.	
<input type="checkbox"/> SECURED CLAIM Attach evidence of perfection of security interest Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (describe briefly) Amount of arrearage and other charges included in secured claim above, if any \$ _____ <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$3,075.19 A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. <input type="checkbox"/> UNSECURED PRIORITY CLAIM Specify the portion of the claim.	<input type="checkbox"/> Wages, salaries, or commissions (up to \$4000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. 507(a)(4) <input type="checkbox"/> Up to \$1,800 of deposits toward purchases, lease, or rental of property or services for personal, family, or household use 11 U.S.C. 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child 11 U.S.C. 507(a)(6) <input type="checkbox"/> Taxes or penalties of governmental units 11 U.S.C. 507(a)(2), (a)(7) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. 507(a)(2), (a)(5) *Amounts are subject to adjustment on 4/1/96 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED:	\$3,075.19 (Unsecured)	- 0 - (Secured)	- 0 - (Priority)	\$3,075.19 (Total)
<input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.				

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.	THIS SPACE IS FOR COURT USE ONLY
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.	
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	

Date: 6/20/2000	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) Gary Goldberg, Vice President of Citicorp Credit Services, Inc. under limited power of attorney for Citibank (South Dakota), N.A.
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